

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/159381

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3	/						
4	/						
5	/						
6	/						
7	/						
8	/						
9	/						
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13		2					
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50							
TOTAL IND.	3		↓		↓		↓
TOTAL DEP.	25	←	←	←	←		
TOTAL CLAIMS	28	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←	←	←	←		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		